DLN: 93493123001389 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization THE PHILANTHROPY ROUNDTABLE D Employer identification number B Check if applicable □ Address change 13-2943020 ☐ Name change Doing business as \square Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 1120 20TH STREET NW NO 550S ☐ Application pending (202) 822-8333 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036 G Gross receipts \$ 8,394,762 Name and address of principal officer **H(a)** Is this a group return for ADAM MEYERSON □Yes ☑No 1120 20TH STREET NW NO 550S WASHINGTON, DC 20036 subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status □ 527 **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PHILANTHROPYROUNDTABLE ORG L Year of formation 1978 M State of legal domicile DC **K** Form of organization \square Corporation \square Trust \square Association \square Other \triangleright Summary 1 Briefly describe the organization's mission or most significant activities TO FOSTER EXCELLENCE IN PHILANTHROPY, TO PROTECT PHILANTHROPIC FREEDOM, TO ASSIST DONORS IN ACHIEVING THEIR PHILANTHROPIC INTENT, AND TO HELP DONORS ADVANCE LIBERTY, OPPORTUNITY AND PERSONAL RESPONSIBILITY IN AMERICA AND Activities & Governance ABROAD Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 45 249 **6** Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 15,050 Net unrelated business taxable income from Form 990-T, line 34 33,177 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 8,213,775 7,558,075 Program service revenue (Part VIII, line 2g) . 351,186 495,719 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 234,742 294,459 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,355 46,509 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,819,058 8,394,762 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 250,000 200,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,917,808 4,962,817 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 21,938 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶424,175 3,728,107 3,468,886 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,917,853 8,631,703 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -98,795 -236,941 Assets or d Balances End of Year **Beginning of Current Year** 13,424,759 12,348,521 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 1,836,654 1,450,664 Net assets or fund balances Subtract line 21 from line 20 11,588,105 10,897,857 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-03 Signature of officer Date Sign Here ADAM MEYERSON PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature PTIN P00001737 Check \Box if **Paid** self-employed Firm's name ► TATE AND TRYON Firm's EIN ► 52-1855942 Preparer Use Only Firm's address ► 2021 L STREET NW SUITE 400 Phone no (202) 293-2200 WASHINGTON, DC 20036 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

	n 990 (2018)					Page 2
Pa	art III Statement	of Program Serv	ice Accomplis	hments		
	Check if Sche	dule O contains a res	ponse or note to a	any line in this Part III		🗸
1	Briefly describe the o	rganızatıon's mıssıon				
					O ASSIST DONORS IN ACHIEVIN	
INTE	NT, AND TO HELP DON	IORS ADVANCE LIBE	RTY, OPPORTUNIT	Y AND PERSONAL RES	PONSIBILITY IN AMERICA AND A	BROAD
	Did the organization	undertake any signifi	cant program seri	vices during the year w	thich were not listed on	
-	-	, ,		,		☐ Yes ☑ No
	If "Yes," describe the					Lifes Lino
3	•			changes in how it cond	uete any program	
3	-	<u>-</u> -	make significant	changes in now it cond	ucts, any program	✓ Yes □ No
	services?					₩ Yes □ No
_	If "Yes," describe the	-				
4					largest program services, as me of grants and allocations to other	
	expenses, and reven				or grants and anotations to other	5, 1115 15141
4a	(Code) (Expenses \$	3,998,620	including grants of \$	200,000) (Revenue \$	70,290)
4a	(Code See Additional Data) (Expenses \$	3,998,620	including grants of \$	200,000) (Revenue \$	70,290)
4a 4b	\					· · ·
	See Additional Data) (Expenses \$) (Expenses \$	3,998,620 1,016,196	including grants of \$ including grants of \$	200,000) (Revenue \$) (Revenue \$	70,290)
4b	See Additional Data (Code See Additional Data) (Expenses \$	1,016,196	including grants of \$) (Revenue \$	404,244)
	See Additional Data (Code See Additional Data (Code					· · ·
4b	See Additional Data (Code See Additional Data) (Expenses \$	1,016,196	including grants of \$) (Revenue \$	404,244)
4b	See Additional Data (Code See Additional Data (Code) (Expenses \$) (Expenses \$	1,016,196	including grants of \$) (Revenue \$	404,244)
4b	See Additional Data (Code See Additional Data (Code See Additional Data) (Expenses \$) (Expenses \$	1,016,196	including grants of \$) (Revenue \$	404,244)
4b 4c	See Additional Data (Code See Additional Data (Code See Additional Data See Additional Data) (Expenses \$) (Expenses \$ Table Ces (Describe in Sche	1,016,196	including grants of \$ including grants of \$) (Revenue \$	404,244)

Га	the Checklist of Required Schedules	$\overline{}$		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛂	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Νo

22

Part IV Checklist of Required Schedules (continued)

37

38

Part V

34

35a

35b

36

37

38

66

0

1a

Yes

Yes

Form 990 (2018)

Nο

Nο

Nο

Nο

No

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	33		No

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V .

organization? If "Yes," complete Schedule R, Part V, line 2

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

12b

13b

13c

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	Page € lines ☑
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
	members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	,,,	8 b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
C-	ection B. Doliciae (This Soction B requests information about policies not required by the Internal Poyoni			
<u> 5e</u>	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No No
10 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Form **990** (2018)

18

19

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records >SUZI MARCHENA 1120 20TH STREET NW NO 550S WASHINGTON, DC 20036 (202) 822-8333

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

1 00

1 00

40 00

40 00

40.00

40 00

40 00

40 00

40 00

Х

Х

х

Х

Х

 List all of the organization's former director organization, more than \$10,000 of reportable control 										
List persons in the following order individual trus compensated employees, and former such perso	stees or directo		_				,	-		
Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	iny (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DONN WEINBERG CHAIRMAN/TREASURER (TIL 10/18)	3 00	×		х				0	0	0
(2) DANIEL PETERS VICE-CHAIRMAN	1 00	×		×				0	0	0
(3) JOHN TYLER SECRETARY	1 00	х		×				0	0	0
(4) DAVID STOVER JOINED BOD 518 TREASURER (FROM 10/18)	1 00	x		х				0	0	0
(5) HEATHER DILL BOARD MEMBER (FROM 5/18)	1 00	x						0	0	0
(6) RICHARD GRABER BOARD MEMBER	1 00	x						0	0	0
(7) HEATHER HIGGINS BOARD MEMBER	1 00	х						0	0	0
(8) JOHN JACKSON BOARD MEMBER	1 00	х						0	0	0

0

305,475

188,200

267,529

270,000

178,000

156,480

168.000

0

0

0

0

0

0

0

53.446

41,152

25,260

50.796

38,936

33,996

9.242

Form 990 (2018)

(9) FRED KLIPSCH

BOARD MEMBER

(10) SUZIE KOVNER BOARD MEMBER

(11) ADAM MEYERSON

(12) AMANDA ROSSIE

CHIEF OPERATING OFFICER

(13) JOHN PAUL DE GANCE

EXECUTIVE VICE PRESIDENT

VP OF MARKETING & COMMUNICATIONS

SR DIRECTOR, K-12 EDUCATION PROGRAMS

(14) KARL ZINSMEISTER

VP OF PUBLICATIONS

(15) ANGIE LAWRY

(16) SEAN PARNELL

VP OF PUBLIC POLICY

(17) KATHERINE HALEY

PRESIDENT

4201 CONNECTICUT AVENUE NW 500 WASHINGTON, DC 20008

compensation from the organization \blacktriangleright 3

Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part VII Section A. Officers, Directors	, iiustees, k	ey Eiii	pioy	ees,	an	iu niy	liles	st compensated	Linpidyees (con	unaeu)	
(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u in off tor/ti	che inles	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other isation the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ted
(18) SUZANNE MARCHENA	40 00					×		136,980	C		31,116
DIRECTOR, FINANCE & HUMAN RESOURCES		••••						100,500			
(19) JO KWONG	40 00					×		133,200	c		47,452
DIRECTOR, ECONOMIC OPPORTUNITY PROGRAMS (20) LINDSAY MILLER		••••									
DIRECTOR, EVENTS	40 00					×		118,702	С		24,120
(21) ANTHONY PIENTA	40 00										
DIRECTOR, K-12 EDUCATION PROGRAMS	40 00	••••				X		108,114	C		28,046
1b Sub-Total					_	<u> </u>					
c Total from continuation sheets to Part V			΄.	•	•	-					
d Total (add lines 1b and 1c)					•	•		2,030,680	0		383,562
2 Total number of individuals (including but of reportable compensation from the organization)		hose li	sted a	abov	e) v	vho re	ceive	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J for</i>			key (empl	oye	e, or h	nghe	est compensated er			
, ,			_	•	•		•		<u>3</u>		No
For any individual listed on line 1a, is the organization and related organizations group.									ne		
ındıvıdual				•	٠	•			4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> "									dual for		No
Section B. Independent Contractors									3		No
Complete this table for your five highest of from the organization. Report compensations	compensated in									nsation	
	(A)							Decemb	(B)	(0	
URBAN SWIRSKI & ASSOCIATES	usiness address							LEGISLATIVE (tion of services CONSULTING	Compe	344,000
601 13TH STREET NW								SERVICES			
WASHINGTON, DC 20005 HODGSON CONSULTING								WEBSITE DESI	IGN AND		160,133
10400 CONNECTICUT AVENUE STE 404								MAINTENANCE			100,133
KENSINGTON, MD 20895											
HILLTOP CONSULTANTS								IT SERVICES			127,594

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

5 2		C	Fundraising events		1c								
ffs, ≓A		d	Related organizations		1 d								
ತ್ತ್		e	Government grants (contribution	ns)	1e		_						
Contributions, Gifts, Gr and Other Similar Amo		f	All other contributions, gifts, gra and similar amounts not include above	ants,	1 f		7,558,075						
ntribu d Oth		g	Noncash contributions inclu in lines 1a - 1f \$		3,2	210							
g G		h	Total. Add lines 1a-1f .				. •		7,558,075				
3 .							Business	Code	· · ·				
Ĕ	2	a I	REGISTRATION FEES					541900	47	4,534	474,534		
4	ı	ь і	PUBLICATION SALES					900099	2	1,185	6,135	15,050	
Service Revenue													
ž.		di-			_								
		ч е -			_								
Program	1	f,	All other program service rev	/enue									
Ĕ	ç) T	Total. Add lines 2a-2f			•	2	195,719					
	3	Ir	nvestment income (including	dıvıde	nds,	ınterest,	and other	1					
		SII	mılar amounts)				•	· <u> </u>	294,459				294,459
			ncome from investment of ta				_	\vdash					
	5	к	loyalties	· · ·	•	· ·	Personal	` 				+	
	6	a (Gross rents) iteai		(11)	rersonar	1					
			Less rental expenses										
			Rental income or (loss) Net rental income or (loss)										
		_		ecuritie			Other						
	7	f	Gross amount from sales of assets other			(,	,						
			Less cost or					-					
		c	other basis and sales expenses Gain or (loss)					-					
		d	Net gain or (loss)				>						
an	8	(Gross income from fundraisir (not including \$ contributions reported on line										
Other Revenue		:	See Part IV, line 18		a	<u> </u>							
Ţ.			Less direct expenses Net income or (loss) from fui		b	ents		╛					
the			Gross income from gaming a				• •	1					
Ö			See Part IV, line 19			ļ							
					a			4					
			Less direct expenses Net income or (loss) from ga		b ctivit	L		_					
			Gross sales of inventory, less		CCIVIC		• •	Т					
		1	returns and allowances .	•		ļ							
		L.			a			_					
			Less cost of goods sold .		b			J					
		<u>C </u>	Net income or (loss) from sa Miscellaneous Revenue		nven		ness Code						
	1	1 a	MISCELLANEOUS INCOME				900099	9	46,509				46,509
		ь.				-							
		c											
		d i	All other revenue	•		 							
		е.	Total. Add lines 11a-11d .				>		46,509				
	1	2 -	Total revenue. See Instruct	ions			•		·		405 55		
									8,394,762		480,669	15,050	340,968 Form 990 (2018)

c TAXES & MISCELLANEOUS

d OVERHEAD ALLOCATION

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

e All other expenses

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	200,000	200,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,632,239	1,376,654	148,237	107,348
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,382,658	2,009,567	216,390	156,701
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	246,509	207,909	22,388	16,212
9 Other employee benefits	449,575	379,179	40,829	29,567
10 Payroll taxes	251,836	212,402	22,871	16,563
11 Fees for services (non-employees)				
a Management				
b Legal	46,005		46,005	
c Accounting	23,000		23,000	
d Lobbying	264,000	264,000		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	27,089		27,089	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	715,025	511,498	203,232	295
12 Advertising and promotion	9,813	7,288	1,884	641
13 Office expenses	343,092	254,819	65,877	22,396
14 Information technology	77,301	37,505	39,060	736
15 Royalties				
16 Occupancy	519,650		519,650	
17 Travel	448,982	443,076	1,529	4,377
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	752,337	746,146	5,990	201
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,881		97,881	
23 Insurance	28,433		28,433	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
expenses on Schedule O)	57,363	46,161	1,999	9,203
a DUES & SUBSCRIPTIONS	37,363	40,101	1,999	9,203
b SEMINARS & TRAINING	32,455	28,360	1,976	2,119

26,460

8,631,703

0

25,544

-905,784

634,080

57,816

424,175

Form **990** (2018)

916

847,968

7,573,448

Page **11**

99,284 83.860 12.348.521

130,732

9.350

1.310.582

1.450.664

9.385.838

1,512,019

10,897,857

12,348,521

Form **990** (2018)

528,648

6.900

1,301,106

1.836.654

9.476.512

2,111,593

11,588,105

13,424,759

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31 32

33

34

Form 990 (2018)

17 18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Grants payable . .

Deferred revenue .

1 Cash-non-interest-bearing	1,195,342	1	1,375,347
2 Savings and temporary cash investments	578,500	2	237,500
3 Pledges and grants receivable, net	1,824,000	3	1,465,073
4 Accounts receivable, net	3,679	4	4,681
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	

	4	Accounts receivable, net			3,679	4	4,681
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L				5	
its	6 7	Loans and other receivables from other disqualit section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations in Part II of Schedule L. Notes and loans receivable, net	n 4958 itions ((see in	B(c)(3)(B), and of section 501(c)(9) istructions) Complete		6	
Assets	8	Inventories for sale or use		8			
Ř	9	Prepaid expenses and deferred charges	26,132	9	105,098		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	916,198			
	b	Less accumulated depreciation	10b	216,234	770,428	10c	699,964
	11	Investments—publicly traded securities .	•	8,942,818	11	8,277,714	
	12	Investments—other securities See Part IV, line	11 .			12	

		voluntary employees' beneficiary organizations in Part II of Schedule L		structions) Complete		6	
ets	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges			26,132	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	916,198			
	b	Less accumulated depreciation	10 b	216,234	770,428	10 c	
	11	Investments—publicly traded securities .			8,942,818	11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets			0	14	
	15	Other assets See Part IV, line 11			83,860	15	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	13,424,759	16	1

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

3b

Form 990 (2018)

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID:

Software Version:

CULTURE OF FREEDOM INITIATIVE. WHICH BECAME A SEPARATE ORGANIZATION BY THE END OF 2018

EIN: 13-2943020

Name: THE PHILANTHROPY ROUNDTABLE

Form 990 (2018)

E- -- 000 P- | TTT | |

Form 990, Part III, Line 4a:

PROGRAM AREAS TO HELP PHILANTHROPISTS STRUCTURE THEIR GIVING FOR MAXIMUM IMPACT, THE ROUNDTABLE PROVIDES DONORS WITH INDIVIDUALIZED SERVICE
AND OPPORTUNITIES FOR STRATEGIC COLLABORATION THROUGH TOPIC-FOCUSED PROGRAM AREAS, INCLUDING K-12 EDUCATION REFORM, ECONOMIC OPPORTUNITY,
VETERANS, HEALTH AND CHARACTER FORMATION THE ROUNDTABLE ALSO RAN A PROGRAM FOCUSED ON FAMILY FORMATION AND BUILDING FAITH CALLED THE

Form 990, Part III, Line 4b: ANNUAL MEETING, AN ANNUAL GATHERING OF FOUNDATION EXECUTIVES AND INDIVIDUAL PHILANTHROPISTS INTERESTED IN FOSTERING EXCELLENCE IN PHILANTHROPY BY SHARING IDEAS, STRATEGIES, AND BEST PRACTICES IN 2018, 415 ATTENDEES PARTICIPATED IN 32 SESSIONS ON VARIOUS TOPICS TO BECOME

MORE EFFECTIVE PHILANTHROPISTS

Form 990, Part III, Line 4c: ALLIANCE FOR CHARITABLE REFORM. THE ALLIANCE FOR CHARITABLE REFORM IS A PROJECT OF THE PHILANTHROPY ROUNDTABLE. ITS MISSION IS TO PROMOTE THE RIGHTS OF DONORS AND PRIVATE FOUNDATIONS TO CHOOSE HOW AND WHERE TO SPEND THEIR CHARITABLE ASSETS AND TO DEFEND AGAINST ANY INITIATIVE THAT

SEEKS TO USE THE LEGISLATIVE OR POLITICAL PROCESS TO WEAKEN THAT RIGHT TO CHOOSE

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

others, the total expenses, and revenue, if any, for each program service reported.

(Code

IPUBLICATIONS

(Code) (Expenses \$ 816,808 including grants of \$) (Revenue \$ 21,185)

PHILANTHROPY, THE ROUNDTABLE'S QUARTERLY MAGAZINE, IS PACKED WITH USEFUL AND BEAUTIFULLY WRITTEN REAL-LIFE STORIES IT OFFERS PRACTICAL EXAMPLES, INSPIRATION, DETAILED INFORMATION, HISTORY, AND CLEAR GUIDANCE ON THE DIFFERENCES BETWEEN

GIVING THAT IS GREAT AND GIVING THAT DISAPPOINTS

OTHER PUBLICATIONS TO PROVIDE PUBLICATIONS THAT ARE ON TOPICS OF INTEREST WITHIN THE PHILANTHROPIC COMMUNITY THEY HELP DONORS ACHIEVE PHILANTHROPIC EXCELLENCE, INCLUDING IN-DEPTH EXAMINATION OF THE PRINCIPLES AND PRACTICAL ASPECTS OF INTELLIGENT CHARITABLE GIVING GUIDEBOOKS WERE COMMISSIONED FOR DONOR INTENT AND CHARACTER FORMATION AS WELL AS OTHER

) (Expenses \$ 365,392 including grants of \$

) (Revenue \$

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$ 481,669 including grants of \$ (Revenue \$ PHILANTHROPIC RELATIONS TO PROVIDE ONE-ON-ONE CONSULTATION OF GOVERNANCE ISSUES AND BEST PRACTICES ON CHARITABLE

GIVING

SCHEDUL Form 990 or 90EZ)	EA	Public Complete if the o		2018			
epartment of the Ti		► Go to	www.irs.gov/Forms	990 for the late	est information		Open to Public Inspection
ame of the or HE PHILANTHROP	ganization					Employer identific	cation number
Part I Re	acon for Bul	blic Charity Stat	us (All organization	c must comple	to this part \	13-2943020	
			e it is (For lines 1 thro			see mstructions.	
1	nurch, conventio	on of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	hool described	ın section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
- Ah	ospital or a coop	perative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).	
	nedical research ne, city, and sta	-	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's
		erated for the benefi omplete Part II)	t of a college or univei	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
		'	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
sec	tion 170(b)(1)(A)(vi). (Complete			_	ınıt or from the gener	al public described in
3	ommunity trust	described in sectio	170(b)(1)(A)(vi)	(Complete Part I	I)		
			escribed in 170(b)(1) ee instructions Enter				lege or university or
fror inve	n activities relat estment income	ed to its exempt fur	(1) more than 331/3% octions—subject to certiness taxable income (leading)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
•			d exclusively to test for	r public safety S	ee section 509	(a)(4).	
□ moi	e publicly supp	orted organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
Typ	e I. A supporting anization(s) the	ng organization oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
mai	nagement of the		pervised or controlled in ation vested in the san and C.				
			supporting organizations) You must com				ated with, its
I Typ	e III non-fund ctionally integra	ctionally integrate ted The organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	zation operated fy a distribution	in connection wi	th its supported orga	
Che	ck this box if th	e organization recei	ved a written determin	nation from the I		pe I, Type II, Type II	I functionally
_		III non-functionally orted organizations	integrated supporting	organization			
Provide th	e following info	rmation about the si	upported organization(s)			
	of supported Inization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	, , ,	anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
				Yes	No		
otal							
	Reduction Act	t Notice, see the I	nstructions for	Cat No 11285	<u>.</u> 5F :	 Schedule A (Form 9	90 or 990-EZ) 201

14

supported organization

instructions

14

Schedule A (Form 990 or 990-EZ) 2018

92 710 %

93 150 %

▶ ☑

Page 2

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	6,849,798	8,170,137	7,921,367	8,213,775	7,558,075	38,713,152
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,849,798	8,170,137	7,921,367	8,213,775	7,558,075	38,713,152
5	The portion of total contributions by each person (other than a						

7,921,367 8,213,775	7,558,075	38,713,152
		1,572,475
		37,140,677
	7,921,367 8,213,775	7,921,367 8,213,775 7,558,075

5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,572,475
6	Public support. Subtract line 5 from line 4						37,140,677
-	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	6,849,798	8,170,137	7,921,367	8,213,775	7,558,075	38,713,152
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and	284,120	234,496	224,765	234,742	294,459	1,272,582

6	Public support. Subtract line 5 from line 4						37,140,677
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	6,849,798	8,170,137	7,921,367	8,213,775	7,558,075	38,713,152
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284,120	234,496	224,765	234,742	294,459	1,272,582
9	Net income from unrelated business activities, whether or not the business is regularly carried on						

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	6,849,798	8,170,137	7,921,367	8,213,775	7,558,075	38,713,152
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284,120	234,496	224,765	234,742	294,459	1,272,582
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
LO	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	198	6,172	2,165	19,355	46,509	74,399
1	Total support. Add lines 7 through 10						40,060,133

	check this box and stop here					<u> ▶</u> [
L3	First five years. If the Form 990 is fo	r the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501(c)(3) org	ganization,
.2	Gross receipts from related activities,	etc (see instruction	ons)			12	
1	Total support. Add lines 7 through 10						40,060,133
LO	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	198	6,172	2,165	19,355	46,509	74,399
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
	dividends, payments received on securities loans, rents, royalties and income from similar sources	284,120	234,496	224,765	234,742	294,459	1,272,582

- C	action C. Computation of Bublic	C Support Boro	ontage					
	check this box and stop here				<u>.</u>		▶[
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	tion 501	(c)(3) org	janization,
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
11	Total support. Add lines 7 through 10							40,060,133
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	198	6,172	2,165	19,355		46,509	74,399

11	Total support. Add lines 7 through 10							40,060,133
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ırd, fourth, or fıfth	n tax year as a sec	12 ection 501(c)(3) organization,	janization,	
	check this box and stop here						▶[
	·							

S	Section C. Computation of Public Support Percentage		_
	check this box and stop here		▶□
.3	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501	.(c)(3) organization,
.2	Gross receipts from related activities, etc. (see instructions)	12	

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

Public support percentage for 2017 Schedule A, Part II, line 14

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you c	hecked the box	on line 10 of Pa	art I or if the or	ganization failed		er Part II. If
	the organization fails to	qualify under	the tests listed b	pelow, please co	omplete Part II.))	
Se	ection A. Public Support		T	Г			1
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
•	the organization without charge						
6 72	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
/ a	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
0	(or fiscal year beginning in) ► Amounts from line 6			. ,			
L0a	Gross income from interest,						
LUa	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı ı's fırst, second. th	urd, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	rganization.
	check this box and stop here	.	,	,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
16	Public support percentage from 2017 S	ichedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investi	ment Income	Percentage				
17	Investment income percentage for 201			lıne 13, column (f))	17	
18	Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	
	331/3% support tests—2018. If the		•	on line 14, and lir	ne 15 is more than		e 17 ıs not
	more than 33 1/3%, check this box and						▶□
	33 1/3% support tests—2017. If the						
J	not more than 33 1/3%, check this box	-			*		▶ □
20	Private foundation. If the organization	-	-				▶□

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	, , ,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

	addie A (Form 990 of 990-EZ) 2010		-	age 3
26	rt IV Supporting Organizations (continued)		V-	.
	Has the everywhele accepted a gift or contribution from any of the fall of the second		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c		11c		
	ection B. Type I Supporting Organizations			
	section 2. Type 2 supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
	-			
<u></u>	ection C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		res	NO
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
	The organization supported a governmental entity bescribe in Fart V2 now you supported a government entity (see	mstra.	ccions,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2L		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes." describe in Part VI. the role played by the organization in this regard			

Schedule A (Form 990 or 990-FZ) 2018

	Talle A (101111 330 01 330 LZ) 2010			Page (
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income	acions	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater

than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016. d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Schedule A (F	orm 990 or 990-EZ) 2	018 Page 8						
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)								
Facts And Circumstances Test								
990 Schedi	ule A, Supplement	tal Information						
Retu	ırn Reference	Explanation						
SCHEDULE A EXPLANATIO INCOME	, PART II, LINE 10, N OF OTHER	INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON						

Additional Data

SCHEDULE A, PART II, LINE 10,

EXPLANATION OF OTHER INCOME

Software ID:

Software Version:

EIN: 13-2943020 Name: THE PHILANTHROPY ROUNDTABLE

Return Reference

Explanation INCOME FROM ACTIVITIES NOT REGULARLY CARRIED ON

SCHEDULE C

(Form 990 or 990-

Department of the Treasury

Internal Revenue Service

EZ)

2

5

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493123001389

OMB No 1545-0047

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** THE PHILANTHROPY ROUNDTABLE 13-2943020 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

37,200

Grassroots ceiling amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

862,214

activity

Volunteers?

Part IV

SCHEDULE C, PART II-A

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year h Carryover from last year 2b 2c С Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

THEY ARE EXCLUDED PER REG 56-4911-2(C)(4)

Explanation \$231,000 OF DIRECT SELF-DEFENSE LOBBYING EXPENDITURES WERE NOT INCLUDED IN THIS SECTION AS

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

OMB No 1545-0047

DLN: 93493123001389

Department of the Treasury Internal Revenue Service

(Form 990)

2

5

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** THE PHILANTHROPY ROUNDTABLE 13-2943020 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2018

Cat No 52283D

Par	t III	Organizations Maintaini	ng Collections	of Art, Hist	torical T	reası	ıres, or	Other	Similar As	sets (continued,)
3		the organization's acquisition, a (check all that apply)	ccession, and othe	r records, che	eck any of	the fo	llowing th	at are a	significant u	ise of it	s collection	ו
а		Public exhibition			d 🗆	Loan	or exchai	nge prog	rams			
b		Scholarly research			e 🗌	Othe	r					
c	Preservation for future generations											
4	Provid Part >	de a description of the organizati KIII	ion's collections an	d explain how	they furt	her the	e organiza	ition's ex	empt purpo	se in		
5		g the year, did the organization s to be sold to raise funds rather							ılar	□ Ye	es 🗆	No
Pa	rt IV	Escrow and Custodial Ar Complete if the organization X, line 21.		s" on Form !	990, Part	IV, lı	ne 9, or	reporte	d an amou	ınt on	Form 990), Part
1a		e organization an agent, trustee, ded on Form 990, Part X?	custodian or other	ıntermediary	for contr	ibution	s or other	assets ı	not	□ Y €	es 🗆	No
b	If "Y∈	es," explain the arrangement in F	Part XIII and compl	ete the follow	ving table		Γ		A	mount		
С	Begin	ning balance	·		_			1c				
d	Addıtı	ions during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	ig balance						1f				
2 a	Did th	ne organization include an amoui	nt on Form 990, Pa	ırt X, lıne 21,	for escrov	v or cu	istodial ac	count lia	ıbılıty?		es 🗆	— No
b	If "Ye	s," explain the arrangement in P	art XIII Check hei	e if the expla	nation ha	s been	provided	ın Part)	(III			
Pa	irt V	Endowment Funds. Com	plete if the orgar	nization ans	wered "Y	'es" or	n Form 9	90, Par	t IV, line 1	0.		
			(a)Curre	nt year	(b) Prior yea	ar	(c)Two yea	ars back	(d)Three yea	ars back	(e)Four ye	ears back
	_	ing of year balance				_						
		outions										
		estment earnings, gains, and los	sses									
		or scholarships				_						
е		expenditures for facilities ograms										
f	Admını	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of t d designated or quasi-endowmen		d balance (lır	ie 1g, colu	ımn (a)) held as					
Ь	Perm	anent endowment 🕨										
С	Temp	orarily restricted endowment										
	The p	percentages on lines 2a, 2b, and	2c should equal 10	0%								
3а		here endowment funds not in the nization by	e possession of the	organization	that are h	neld an	d adminis	tered fo	r the	_	Yes	No
		nrelated organizations									a(i)	
Ь		elated organizations		required on S	 Schedule F	٠, ۲	• • •				a(ii) 3b	
4	Descr	ribe in Part XIII the intended use	s of the organization	on's endowme	ent funds							
Pa	rt VI	Land, Buildings, and Equ		-0 5	000 D	- TV ()-		C F-	000 B-	V I	10	
	Descri	peron or property	on answered "Yes ost or other basis (investment)	(b) Cost or o					epreciation		ne 10. (d) Book va	lue
	Land						-					
	Buildin	gs										
		old improvements			9	03,535	-		203,571			699,964
		nent				12,663			12,663			0
	Other					,,,,,,	-		,000			
		Ines 1a through 1e (Column (d)	must equal Form	<u>I</u> 990, Part X, c	olumn (B.), line :	10(c)).		>			699,964

Part VII Investments—Other Securities. Complete if the org	ganization a	answered "Yes" on F	Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b Boo	ok Cost o	c) Method of valuation or end-of-year market value
(1) Financial derivatives (2) Closely-held equity interests (3)Other	·		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form	990. Part I	V. line 11c. See For	m 990. Part X. line 13.
(a) Description of investment	(b) Book va	alue (d	c) Method of valuation
(1)		Cost o	or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form 990), Part IV, line 11d Se	e Form 990, Part X, line 15 (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answe	ered 'Yes' o	n Form 990, Part IV	▶ , line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability		b) Book value	,
(1) Federal income taxes	`		
DEFERRED RENT (2)		1,310,582	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the f	► footnote to th	1,310,582 ne organization's financ	cial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2 Amounts included on line 1 but not on Form 990. Part VIII, line 12 Net unrealized gains (losses) on investments 2a -453.307

2h h 2c

2d

Subtract line **2e** from line **1** 3 4

Schedule D (Form 990) 2018

Part XI

5

1

2

3

4

b

5

Part XIII

Return Reference

а

Part XII

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Add lines 4a and 4b

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4a

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Explanation

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

4b

2a

2h

2c 2d

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

27.089

4c

1

2e

3

4c

5

Schedule D (Form 990) 2018

27,089

2e

3

Page 4

7,914,366

-453,307

8,367,673

27,089

8,394,762

8,604,614

8,604,614

27,089 8,631,703

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DL	N: 934931230	01389		
Note: To capture the full co		ocument, please se	lect landscape mode	(11" x 8.5") whe	n printing.			OMB No 1545-004			
Schedule I (Form 990)	(Frante and Other Assistance to Organizations										
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information.										
Name of the organization THE PHILANTHROPY ROUNDTABLI	E					Em	iployer identific	ation number			
						13	-2943020				
Part I General Informa	ation on Grants	and Assistance									
Does the organization main the selection criteria used t	o award the grants	or assistance?				ce, and		☐ Yes	☑ No		
2 Describe in Part IV the orga	·										
		estic Organizations ar can be duplicated if add		nts. Complete if the or	ganızatıon answered "Yes'	on Form 99	0, Part IV, line	21, for any recipi	ent		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		scription of assistance	(h) Purpose of or assistance	grant		
(1) HETERODOX ACADEMY 428 BROADWAY 4TH FLOOR NEW YORK, NY 10013	82-2903153	501(C)(3)	100,000					SIMON PRIZE A	WARD		
(2) PASSAGES AMERICA ISRAEL 218 S MAIN STREET NAPERVILLE, IL 60540	81-2453820	501(C)(3)	100,000					SIMON PRIZE A	WARD		
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. •		2		
3 Enter total number of other	organizations listed	d in the line 1 table					. ▶		0		
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat No 50055	iP		Sch	edule I (Form 990) 2018		

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 934	9312	3001	389	
Sch	edule J	Compe	nsat	ion Information	МО	IB No	1545-0	0047	
(For	n 990)	For certain Officers, Dire	ctors, 1	Frustees, Key Employees, and High	est		18		
		Co Complete if the organization	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
_	▶ Attach to Form 990.								
•	tment of the Treasury al Revenue Service	Go to <u>www.irs.gov/rorm</u>	199 <u>0</u> 101	instructions and the latest inform	ation.		to Pul ectio		
	ne of the organiza PHILANTHROPY RO				Employer identificat	ion nu	ımber		
INC	PHILANTHROPT RO	JINDTABLE			13-2943020				
Pa	rt I Questi	ons Regarding Compensation		·					
							Yes	No	
1a		plate box(es) if the organization provide ection A, line 1a Complete Part III to pr							
		or charter travel		Housing allowance or residence for p					
	_	companions	님	Payments for business use of person					
		nification and gross-up payments	님	Health or social club dues or initiatio					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauff	eur, cner)				
b		kes in line 1a are checked, did the organ Il of the expenses described above? If "I			ent or reimbursement	1b			
2		ition require substantiation prior to reim es, officers, including the CEO/Executive			1-2	2			
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked in line	ıa.				
3		If any, of the following the filing organization of the following the filling organization of the filling appropriate the following the filling of the filli			e				
	_	d organization to establish compensation	. ,	•	Part III				
	✓ Compensa	ation committee	П	Written employment contract					
	_ '	ent committee ent compensation consultant	Ħ	Compensation survey or study					
		of other organizations	<u></u>	Approval by the board or compensat	ion committee				
4		did any person listed on Form 990, Par	t VII, Se	ection A, line 1a, with respect to the fil	ing organization or a				
	related organiza	tion							
a		ance payment or change-of-control payr				4a		No	
b	•	receive payment from, a supplemental		•		4b		No	
С		receive payment from, an equity-based if lines 4a-c, list the persons and provide		-	III	4c		No	
	,								
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section A, line ontingent on the revenues of	1a, dıd	the organization pay or accrue any					
а	The organization	٦٦				5a		No	
b	Any related orga					5b		No	
_	-	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of	1a, did	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga					6b		No	
7	•	6a or 6b, describe in Part III	1 - 4.4	the organization avoide and particular					
7	payments not d	ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr	ibe in Pa	art III		7		No	
8		nts reported on Form 990, Part VII, paid litial contract exception described in Reg			scribe	8		No	
9	If "Yes" on line 3 53 4958-6(c)?	3, did the organization also follow the re	buttable	presumption procedure described in F	Regulations section	9			
For I	Danarwark Badı	ction Act Notice, see the Instruction	s for E	orm 990 Cat No 50	0053T Schedule J	/Earn	. 000)	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (Fo	orm 990) 2018

Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2018

Additional Data

(A) Name and Title

1ADAM MEYERSON

1AMANDA ROSSIE

EXECUTIVE VICE PRESIDENT

4ANGIE LAWRY

CHIEF OPERATING OFFICER

2JOHN PAUL DE GANCE

3KARL ZINSMEISTER

VP OF PUBLICATIONS

VP OF MARKETING & COMMUNICATIONS 5SEAN PARNELL

VP OF PUBLIC POLICY

6KATHERINE HALEY

SR DIRECTOR, K-12 EDUCATION PROGRAMS

7SUZANNE MARCHENA

DIRECTOR, FINANCE & HUMAN RÉSOURCES 8JO KWONG

DIRECTOR, ECONOMIC OPPORTUNITY PROGR

9LINDSAY MILLER

DIRECTOR, EVENTS

10ANTHONY PIENTA

DIRECTOR, K-12 **EDUCATION PROGRAMS**

PRESIDENT

Fo

(i)

(1)

(i)

(1)

(II)

(11)

(ı)

(1)

(II)

(1)

(II)

Software Version:

(i) Base Compensation

265,475

168,200

235,125

260,000

158,000

156,480

168,000

129,480

133,200

106,933

108,114

EIN: 13-2943020

(iii)

Other reportable

compensation

12,404

2,769

(D) Nontaxable

benefits

32,589

25,021

28,678

28,744

29,939

34,944

11,690

34,264

25,400

31,489

31,368

(C) Retirement and

other deferred

compensation

49,500

25,500

29,025

38,250

20,250

19,500

13,500

16,050

(E) Total of columns

(B)(i)-(D)

387,564

238,721

325,232

336,994

207,939

191,424

179,690

191,494

178,100

163,691

155,532

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

Name:	THE PHILANTHROPY ROUNDTABLE

40,000

20,000

20,000

10,000

20,000

7,500

9,000

orm 990,	, Schedule J,	Part II - Officers,	Directors,	Trustees,	Key Em	ployees,	and F	lighest	Comp	ensate	d Emplo	yees

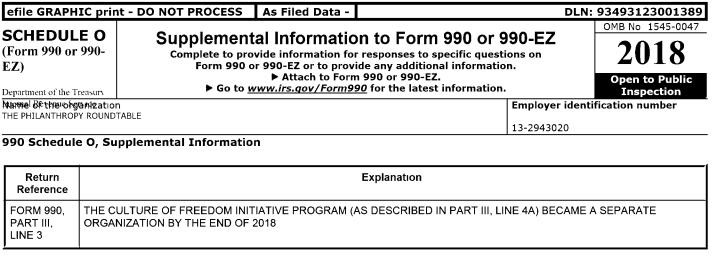
(B) Breakdown of W-2 and/or 1099-MISC compensation

(ii)

Bonus & incentive

compensation

Software ID:



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM MANAGEMENT REVIEWS THE DRAFT RETUR N PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE AND PROVIDES A FULL COPY TO THE BO SECTION B, ARD PRIOR TO FILING

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, ON AN ANNUAL BASIS ALL STAFF AND BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY
SECTION B,
LINE 12C

990 Schedule O, Supplemental Information Return Explanation

FORM 990, PART VI, LL BOARD AFTER REVIEWING PUBLICLY DISCLOSED COMPENSATION FIGURES FOR CEOS OF COMPARABLE OR SECTION B, LINE 15A A VOTE OF THE FULL BOARD DISCUSSES COMPARABILITY DATA AND DELIBERATES ON THE DECISION A VOTE OF THE FULL BOARD IS TAKEN AND IS DOCUMENTED IN THE BOARD MEETING MINUTES THE PRES IDENT'S COMPENSATION WAS MOST RECENTLY REVIEWED IN 2018

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 19

FORM 990, THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND PART VI, FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC SECTION C.

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, THE PROCESS FOR SELECTION AND REVIEW OF FINANCIAL STATEMENT AUDIT HAS NOT CHANGED FROM PRIOR PART XII, YEAR
LINE 2C